



AUG 08 2006

PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fee Transmittal Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 180.00)

## Complete if Known

Application Number	09/925,548
Filing Date	August 8, 2001
First Named Inventor	YEE, ARTHUR
Examiner Name	CHEN, SHIN LIN

Art Unit  
1632

Attorney Docket No. KINE-001CIP4

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-0815 Deposit Account Name: Bozicevic, Field and Francis LLP  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below

Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

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## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100

Multiple dependent claims 360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
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- 20 or HP =    x    =   

Fee (\$) Fee (\$)

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 3 or HP =    x    =   

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 100 =    / 50 =    (round up to a whole number) x    =   

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)   

Other: Fee for filing Information Disclosure Statement after issuance of Final Office Action 180.00

#### SUBMITTED BY

Signature	<u>David C. Scherer</u>	Telephone (650) 327-3400
Name (Print/Type)	David C. Scherer, Reg. No. 56,993 on behalf of Pamela J. Sherwood, Reg. No. 36,677	Date 08/08/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Atty Docket No. KINE-001CIP4  
USSN: 09/925,548

Express Mail No. EV 686 490 044 US

<p><b>SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97</b></p> <p>Address to: Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	Attorney Docket	KINE-001CIP4
	First Named Inventor	YEE, ARTHUR
	Application Number	09/925,548
	Confirmation No.	5127
	Filing Date	August 8, 2001
	Group Art Unit	1632
	Examiner Name	CHEN, SHIN LIN
	Title: "INTEGRIN-LINKED KINASE AND ITS USES"	

Sir:

Applicants hereby submit a Supplemental Information Disclosure Statement along with attached form(s) PTO/SB/08. A copy of the listed publication is being submitted herewith, along with a concise explanation of information in a foreign language, if any, pursuant to 37 C.F.R. §1.97-1.98.

Applicants respectfully request that the listed information be considered by the Examiner and be made of record in the above-identified application. Applicants further request that the Examiner initial and return the attached form(s) PTO/SB/08 in accordance with MPEP §609.

Applicants reserve the right to establish the patentability of the claimed invention over any of the information provided herewith, and/or to prove that this information may not be prior art, and/or to prove that this information may not be enabling for the teachings purportedly offered.

This statement is not intended to represent that a search has been made or that the information cited in the statement is, or is considered to be, prior art or material to patentability as defined in §1.56.

37 C.F.R. §1.97(d). If this statement is being filed after the mailing date of the earlier <sup>08/11/2006</sup> ~~08/11/2006~~ <sup>MBLANCO</sup> ~~MBLANCO~~ <sup>00000002</sup> ~~00000002~~ <sup>09925548</sup> <sup>180.00</sup> ~~180.00~~ <sup>OP</sup> <sup>FC:1806</sup> a final office action under §1.113 or a notice of allowance under §1.311, but before payment of the issue fee, then:

- A. a certification as specified in §1.97(e) is completed below; and
- B. a fee of \$180.00 as set forth in §1.17(p) is authorized below, enclosed, or included with the payment of other papers filed together with this statement.

- A copy of the reference listed on the attached Form PTO/SB/08 is enclosed herewith.
- The listed reference is in the English language.
- Attached is a copy of a communication from a corresponding patent application, submitted in accordance with MPEP 609 D in support of the attached certification under 37 CFR 1.97(e)(1).

The Commissioner is hereby authorized to charge any underpayment of fees associated with this communication, including any necessary fees for extensions of time, or credit any overpayment to Deposit Account No. 50-0815, order number KINE-001CIP4.

Respectfully submitted,  
BOZICEVIC, FIELD & FRANCIS LLP

Date: August 8, 2006

By:   
\_\_\_\_\_  
David C. Scherer, Reg. No. 56,993  
on behalf of Pamela J. Sherwood, Reg. No. 36,677

Bozicevic, Field & Francis, LLP  
1900 University Avenue, Suite 200  
East Palo Alto, California 94303  
Telephone: (650) 327-3400  
Facsimile: (650) 327-3231

**CERTIFICATION**

*(Attachment to Information Disclosure Statement)*

37 C.F.R. §1.97(e)(1). **APPLICANT'S UNDERSIGNED REPRESENTATIVE HEREBY CERTIFIES THAT** each item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement; or

37 C.F.R. §1.97(e)(2). **APPLICANT'S UNDERSIGNED REPRESENTATIVE HEREBY CERTIFIES THAT** no item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the person signing this certification after making reasonable inquiry, was known to any individual designated in §1.56(c) more than three months prior to the filing of the information disclosure statement.

Respectfully submitted,

Date: August 8, 2006 By:   
\_\_\_\_\_  
David C. Scherer, Reg. No. 56,993  
on behalf of Pamela J. Sherwood, Reg. No. 36,677

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<p>Substitute for form 1449/PTO</p> <p><b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(Use as many sheets as necessary)</i></p>				<i>Complete if Known</i>	
				Application Number	09/925,548
				Filing Date	August 8, 2001
				First Named Inventor	YEE, ARTHUR
				Art Unit	1632
Examiner Name	CHEN, SHIN LIN				
Sheet	1	of	1	Attorney Docket Number	KINE-001CIP4
<b>NON PATENT LITERATURE DOCUMENTS</b>					
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T <sup>2</sup>
		LIAO, L., et al., "Effect of $\alpha$ -protein kinase C neutralizing antibodies and the pseudosubstrate peptide on phosphorylation, migration and growth of REF52 cells," (1993) <i>Cell Growth and Differentiation</i> , 4:309-316			
Examiner signature				Date Considered	

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*